

CLAIMS ONLY

Application Number **10 816 718**

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend
1	/								51			
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49									99			
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Total									Total			
Indep									Indep			
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Total									Total			
Claims									Claims			